

MEMORANDUM

T PERSONNEL MANAGEMENT LIAISONS

DATE: April 21, 1994

Reference Code: 94-25

**THIS MEMORANDUM SHOULD BE DISTRIBUTED TO:**

**PERSONNEL OFFICERS, PERSONNEL TRANSACTIONS SUPERVISORS AND  
PERSONNEL TRANSACTIONS STAFF**

**FROM:** Department of Personnel Administration  
Benefits and Training Division

**SUBJECT:** New Processing Center for the Delta Dental COBRA Continuation Program

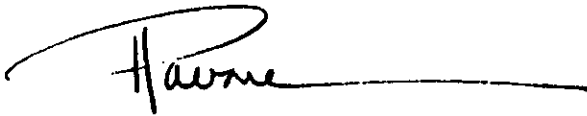
Effective immediately all Delta Dental COBRA enrollments for employees and/or dependents are to be processed through Total COBRA Services, a company which specializes in providing administrative COBRA services. Total COBRA Services will serve as the COBRA administrator for all elections, enrollments, and premium payments for Delta Dental. Delta Dental has contracted with Total COBRA Services to manage their COBRA process and to ensure compliance responsibilities required by law are met.

Current COBRA enrollees have already been advised of this change. Your assistance in ensuring that all new Delta Dental COBRA enrollments are processed through Total COBRA Services will be appreciated. Please note that this change applies only to Delta Dental. COBRA enrollments into any of the three prepaid dental plans should be handled in the normal manner. As a result of this change the following important information is being provided:

- \* A new Notification and COBRA Election form is to be used for all new COBRA enrollments into Delta Dental. A copy of this form is attached. A supply of forms is being sent to all Personnel offices. Eventually, this form will be available through General Services Stores. Until such time, additional copies can be obtained from DPA - Benefits and Training Division, (916) 322-0300 or CalNet 492-0300.
- \* All forms and premium payments are to be sent directly to Total COBRA Services. The Notification and Election form contains complete instructions.
- \* Attached is a COBRA Administration Flow Chart for Delta Dental coverage. This chart provides the time frames and actions to be taken when notifying and enrolling someone in COBRA.

- \* The Personnel Office needs to complete the top half of the COBRA Election Form. Please be sure to include the name and phone number of a Personnel Office contact in the event Total COBRA Services has any questions. Should you have any questions regarding the notification or election process you can contact Total COBRA Services directly at 1-800-397-1570.

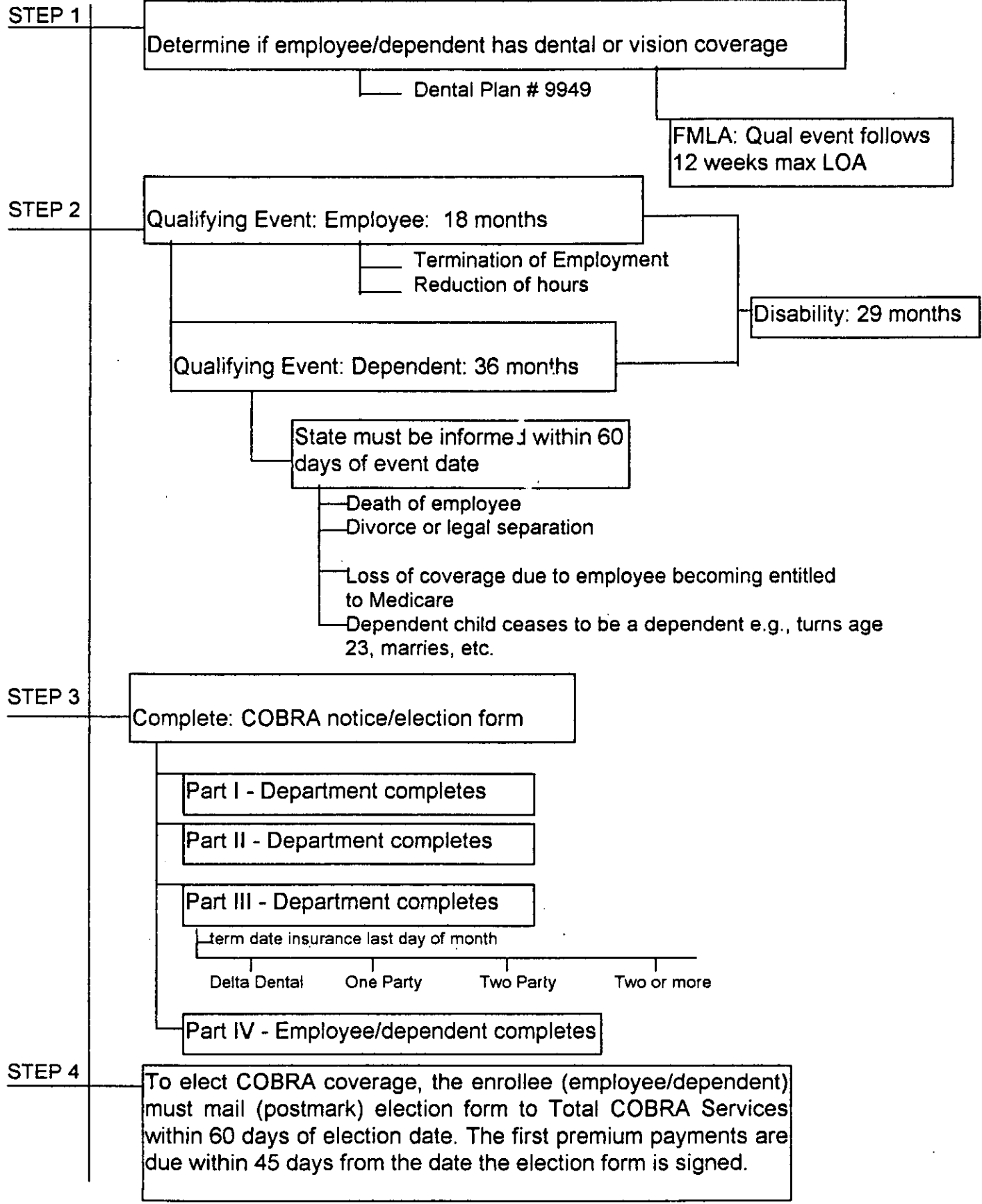
Questions regarding this information, can be directed to William Page, Dental Program Analyst at (916) 324-0525 or CalNet 454-0525.



Patricia Pavone, Chief  
Benefits and Training Division

Attachments

**COBRA ADMINISTRATION FLOW CHART  
DELTA DENTAL COVERAGE**



**Total COBRA Services toll free 800-397-1570**

**STATE OF CALIFORNIA  
COBRA NOTIFICATION / ELECTION FORM  
DELTA DENTAL**

This notice is to advise you that your group Delta Dental coverage has been terminated as of the Qualification Date shown on the back page of this notice. You have the option to continue your benefits under the group plan through Federal Legislation called COBRA.

Any person covered under the Delta Dental plan as of the date of the loss of coverage is entitled to elect continuation coverage. All coverages must begin on the day following the termination date of dental insurance as shown on the attached COBRA election form. **FEDERAL LEGISLATION PROHIBITS ANY LAPSE IN COVERAGE UNDER COBRA, AND ALL PREMIUMS MUST BE PAID RETROACTIVELY FROM THE START DATE.**

The period for which benefits may be continued will depend on the type of qualifying event that occurs.

The maximum COBRA continuation period is 18 months for employees and their dependents for the following "qualifying events":

- Termination of employment other than gross misconduct
- Reduction in hours/Leave of Absence
- Layoff
- Other

The maximum COBRA continuation period is 36 months for dependents for the following "qualifying events":

- Employee's death
- Divorce or legal separation
- Loss of dependent status due to e.g., turns age 23, marries
- Employee's entitlement to Medicare

**EXCEPTIONS**

**Disability Extension-** An individual who is disabled at the time of their qualifying event and is determined to be disabled under Title II (OASDI) or XVIII of the Social Security Act is entitled to continue coverage for an additional 11 months (29 months total). In order to receive the 11 month extension, a copy of the disability certification must be provided within 60 days from the date of issue and before the original 18 month continuation period ends. If you qualify for the extension, only the disabled participant is eligible to continue during the 11 months and you may be billed at 150% of the premium rate. The 11 month extension may be terminated if a final determination stating the individual is no longer disabled is made.

**Multiple Qualifying Events-** If a second qualifying event such as death or divorce of the employee, entitlement to Medicare, or loss of dependent status occurs during the 18 month period, the dependents would then be eligible for a maximum of 36 months from the original qualifying event date.

It is the responsibility of the affected dependents to notify Total COBRA Services, within 30 days, should they be eligible for an extension of COBRA coverage.